Dental Insurance

Q.5, NIDR Adults, 1985-86

Are you covered by any public or private insurance plan that would pay for any part of your dental bills? (Including Medicare or Medicaid)

- 1 Yes
- 2 No

Q.C8, HHANES, 1982-84

Is _____ covered by health insurance that pays for dental care?

- 1 Yes
- 2 No
- 9 DK

Q.B20, HHANES, 1982-84

Are you covered by health insurance that pays for dental care?

- 1 Yes
- 2 No
- 9 DK

Q.B11c, NHANES III, 1988-94

Did any of these plans cover any part of dental care?

- 1 Yes
- 2 No
- 9 DK

Q.HIQ.040, NHANES IV

Does the insurance {you have/SP has} through {type of insurance} cover any part of dental care?

- 1 Yes
- 2 No
- 7 Refused
- 9 DK

Q.HIQ.180, NHANES IV

What types of service or care does {your/SP's} single service plan or plans pay for?

- 1 Accidents
- 2 AIDS care
- 3 Cancer treatment
- 4 Catastrophic care
- 5 Dental care
- 6 Disability insurance (cash payments when unable to work for health reasons)
- 7 Hospice care
- 8 Hospitalization only
- 9 Long-term care (nursing home care)

11 V 12 O	rescriptions (ision care Other, Specify efused OK
Q.MEWR01,	SIPP Waves 3, 6, 2001
Earlier you sa	aid that you were not covered by any health insurance. During the time you were not
covered did ye	ou go to a dentist of other dental professional?
1 Y	es
2 N	0
Q.6c, NHIS,	1986
_	or any DENTAL services other than oral surgery?
1 Ye	· · · · · · · · · · · · · · · · · · ·
2 No	
9 DI	
	7 400 - 4004
Q.C5b, NHIS	
What type of	service or care does the plan pay for?
1 A	ccidents
	IDS care
3 C	ancer treatment
	atastrophic care
	Pental care
	risability insurance (cash payments when unable to work for health reasons)
	lospice care
	lospitalization only
	ong-term care (nursing home care)
	rescriptions
	rision care
	other, Specify
	efused
99 D	oK
Q.C7a, NHIS	5, 1995; 1996
Does (plan na	ame) pay for any part of the cost for dental care?
1 Y	és

- 9
- No DK

Q.AAU.135.060, CAU.160.060, NHIS, 1999; 2002

Earlier it was mentioned that you are covered by {fill name(s) of private health plan(s)}. {Do any of these plans/Does this plan} pay for any part of the cost for dental care?

- 1 Yes
- 2 No
- 7 Refused
- 9 DK

Q.FHI.156, NHIS, 2000; 2001; 2002

What type of service of care do {your/subject name} single service plan or plans pay for?

- 1 Accidents
- 2 AIDS care
- 3 Cancer treatment
- 4 Catastrophic care
- 5 Dental care
- 6 Disability insurance (cash payments when unable to work for health reasons)
- 7 Hospice care
- 8 Hospitalization only
- 9 Long-term care (nursing home care)
- 10 Prescriptions
- 11 Vision care
- 12 Other, Specify _____
- 98 Refused
- 99 DK

O.HI.R1.6, a, b, NMCES, 1977

Is anyone in the family covered by an insurance plan which pays only for dental care?

- 1 Yes
- 2 No
- a. What is the name of the plan? Are there any other (type) plans?
- b. Who in the family is covered by this plan?

Q.HI.R2.I.1, a, NMCES, 1977

The last time we spoke to you, you mentioned that (person(s) were covered by a health insurance plan through an (employer/union/other group). Can you tell me the name of the plan now?

- a. This insurance plan is:
 - 1 Private health insurance dental only
 - 2 Other private health insurance
 - 3 Medicare
 - 4 CHAMPUS/CHAMPVA
 - 5 Indian Health Service
 - 6 Medicaid

Some insurance plans have	e the family pay a certain ame	ount of their medical expenses before	e the
plan starts to pay anything	This is called a deductible.	Does the (plan) have any deductible	÷.

- 1 Yes
- 2 Yes (Dental Only)
- 3 No
- 4 DK

Q.HI.R2.I.9, a, b, NMCES, 1977

Does the (plan) require payment of a deductible before it starts to pay for routine or regular dental care?

- 1 Yes
- 2 No
- 3 Doesn't cover routine dental
- 4 DK

a. What is the amount of deductible for routine dental care?

b. If more than one person covered by plan, ask b.

Is this \$____ per person or is it \$____ for all of the people covered by this insurance?

- 1 Per person
- 2 All people covered
- 3 DK
- 4 Other (Specify)_____

Q.HI.R2.I.10, a, b, NMCES, 1977

Does the (plan) require payment of a deductible before it starts to pay bills for orthodontia?

- 1 Yes
- 2 No
- 3 Doesn't cover orthodontia
- 4 DK

a. What is the amount of deductible for orthodontia?

b. If more than one person covered by plan, ask b.

Is this \$____ per person or is it \$____ for all of the people covered by this insurance?

- 1 Per person
- 2 All people covered
- 3 DK
- 4 Other (Specify)_____

Q.HI.R2.I.11, NMCES, 1977	O.HI.	R2.I.	11.	NMC	CES.	1977
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You said you had (\$____ in Q.9a) deductible for routine dental care and (\$____ in Q.10a) deductible for orthodontia. Are these separate deductibles or is there a single deductible for these services?

- 1 Separate deductibles
- 2 Single deductible
- 94 DK

Q.HI.R2.II.1.6, NMCES, 1977

Thinking about all of these plans together, do any of the plans cover any part of the costs for ...dental x-rays, fillings and other routine dental care?

- 1 Yes
- 2 No
- 94 DK

Q.HI.R2.II.1.7, NMCES, 1977

Thinking about all of these plans together, do any of the plans cover any part of the costs for... teeth straightening, braces, or orthodontia?

- 1 Yes
- 2 No
- 94 DK

Q.HI.R2.I.1.8, NMCES, 1977

Thinking about all of these plans together, do any of the plans cover any part of the costs for ...oral surgery?

- 1 Yes
- 2 No
- 94 DK

O.HI.R5.7, a, c, NMCES, 1977

a. Not counting plans that pay for accidents only, between (plan date) and December 31, did anyone in the family purchase or receive any new health insurance plan that pays for dental care, hospital bills, doctor's or surgeons' bills or any other health care costs?

- 1 Yes
- 2 No
- c. Does that plan pay for dental care only?
 - 1 Yes
 - 2 No

O.HX48, MEPS 1996; 1997; 1998; 1999; 2000; 2001

What type of health insurance does (policyholder) get through (establishment)?

- 1 Hospital and physician benefits, including coverage through an HMO
- 2 Dental
- 3 Prescription drugs
- 4 Vision

- 5 Medicare supplement/Medigap
- 6 Long term care in a nursing home
- 7 Extra cash for hospital stays
- 8 Serious disease or dread disease
- 9 Disability
- 10 Worker's compensation
- 11 Accident
- 91 Other
- -7 Ref
- -8 DK

Q.4, BRFSS, Module 9, 1995; Module 8, 1996; Module 5, 1997; Module 6, 1998; Module 6, 2000; Module 6, 2001

Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

- 1 Yes
- 2 No
- 7 DK/Not sure
- 9 Refused

Q.7, BSS, 1999; 2003

Do you have any kind of insurance that pays for some or all of {your/your child's} DENTAL CARE? Include health insurance obtained through employment or purchased directly as well as government programs like Medicaid?

- 1 Yes
- 2 No
- 3 DK/don't remember

Q. HIMC7, MCBS, 1996; 1997; Q.HIMC7, HI22e1, HISMC5, HI30a 1998; 1999; 2000; 2001

(Do you/Does SP/Did you/SP) have dental coverage through (current Medicare HMO plan name/HMO plan name/plan name)?

- 1 Yes
- 2 No
- -7 Ref
- -8 DK

O.HIS30a, MCBS, 1999; 2000; 2001

Between {previous round ref. date} and (previous round interview date), did (you/SP) have dental coverage through (plan name)?

- 1 Yes
- 0 No
- -7 Ref
- -8 DK

Q.CPS20, MCBS, 1996; 1997; 1998; 1999; 2000; 2001

What (other) type(s) of event(s) are covered by this reimbursement?

- 1 Separately Billing Lab
- 2 Separately Billing Doctor
- 3 Dental
- 4 Hospital Emergency Room
- 5 Hospital Inpatient Stay
- 6 Hospital Outpatient Visit
- 7 Institutional Stay
- 4 Home Health Professional
- 5 Other Home Health
- 10 Other Visits To Medical Providers
- 11 Other Medical Expenses
- 12 Prescribed Medicines
- -8 DK

Q.14B.4d, CES, 1999; 2000

Is this special purpose insurance plan...

- 1 Dental insurance
- 2 Vision insurance
- 3 Prescription drug insurance
- 4 Mental health insurance
- 5 Dread disease policy
- 6 Other type of special purpose health insurance